

We will contact you only if your request is denied.

Tax Department

200 South Hamilton Road Gahanna, Ohio 43230-2996

REQUEST FOR AUTOMATIC EXTENSION OF TIME TO FILE INDIVIDUAL INCOME TAX RETURN

| | | Social Security No. (Enter below) | | |
|---|--|--|-------------------------|--|
| | | Mr.: | | |
| | | Mrs.: | | |
| | | Miss: | | |
| | | Occupation: | | |
| | If name or address is incorrect, make necessary changes | | | |
| PLEASE NOTE: | File this form with the City of Gahanna on or before the due date of the return and pay any amount you owe. THIS IS NOT AN EXTENSION OF TIME TO PAY YOUR TAX. | | | |
| | EXTENSION OF TIME TOTAL TOOK IAA. | | | |
| I request an a | automatic 4 month extension of time to file the City | of Gahanna Individual Income Tax for the tax year | | |
| • | | 02 04.14.14.14.14.14.14.14.14.14.14.14.14.14 | | |
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| Track Color | and the Park Total Control of the co | To Day If | | |
| | na tax liability. This is the amount you would expect | | ¢. | |
| you do not e | xpect to owe tax, enter zero (-0-) | | \$ | |
| Credits: | | | | |
| (A) Gahann | na Tax Withheld by Employer(s) | \$ | | |
| (B) Paymer | nts and Credits on 2000 Declaration of Estimated Ta | x | | |
| (Cre | edits Must Be Pro-rated If Part-Year Resident) | | | |
| (C) Credit A | Allowed for Tax Paid Other Cities whose Tax Rate is | s 1 ¹ / ₂ % or More | | |
| | e Instructions) | | | |
| • | Allowed for Tax Paid Other Cities whose Tax Rate is | s I ass than 11/20/2 | | |
| ` ' | | S Less than 17270 | | |
| • | e Instructions) | | | |
| | Credits | | | |
| (F) Total C | redits | | | |
| | e (Remittance Payable to the City of Gahanna Must | ± • | | |
| In Order To | Receive Extension.) | | \$ | |
| Signature and | d Verification | | | |
| | | orm, including accompanying schedules and statement epared by someone other than the taxpayer, that I am | | |
| Signature of Taxpayer | | Date | | |
| Signature of | Signature of Spouse | | | |
| Signature of Preparer | | Date | | |
| Instructions: | Use this form to request an automatic four month e | xtension from the due date of the return. To receive | the extension you must: | |
| 1. Comple | ete form correctly, and | VISA/MasterCard/Di | iscover Accepted | |
| 2. File it b | by the DUE DATE of your return, and | 7/3/4 | · | |
| 3. Pay all | of the BALANCE DUE | Mastercard Account # | | |
| We will contact you called force as succeeding denied | | Expiration Date | Expiration Date | |

This form does not extend the time to pay taxes. If you do not pay the amount due by the regular due date, you will owe interest and penalty. There is also a failure to file penalty of \$25.00 that can be assessed.

Signature__